



DOCUMENT REPLACEMENT REQUEST

The information and evidence you are asked to provide on this application is authorized by Minnesota Statutes and will be used to update your record; issue replacement documents when appropriate; enable us to contact you when necessary; identify you and comply with certain federal and state reporting requirements. Minnesota Statute Sec. 270C.72 requires licensees to provide their Social Security number and Minnesota business identification number on all license applications. All data submitted on the application, except social security number, is public. Some or all of the data may be given to the Commissioner of Revenue, the Legislative Auditor, in response to a court order, or others in accordance with statutes, rules and professional standards.

You are legally required to submit true and complete information. Furnishing the requested information means the information may be provided to parties listed above. Refusal to supply information may result in denial of the request. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

- Type or print clearly
- Use black ink
- Provide all information
- Incomplete requests will be returned
- Do not use initials or abbreviations

APPLICANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME <input type="checkbox"/> No middle name	
MAIDEN NAME	OTHER LAST NAME(S)	PHONE NUMBER () <input type="checkbox"/> Home <input type="checkbox"/> Business	
STREET ADDRESS			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
E-MAIL ADDRESS		BIRTH DATE (mm/dd/yyyy)	
UNITED STATES SOCIAL SECURITY NUMBER Required by Minn. Stat. Sec. 270C.72		<input type="checkbox"/> I do not have a US Social Security number at this time but will notify the Board if/when I obtain a US Social Security number	
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		-	
REASON FOR REPLACEMENT			
<input type="checkbox"/>	Document Lost		
<input type="checkbox"/>	Document stolen		
<input type="checkbox"/>	Document damaged or destroyed		
<input type="checkbox"/>	Name change. <ul style="list-style-type: none"> • Enclose a copy of legal proof of name change, such as a marriage certificate or court order. • Enclose the public health nurse certificate. 		
<input type="checkbox"/>	Other, explain:		
DOCUMENT REQUESTED			
<input type="checkbox"/>	LPN License # _____ . Include \$20.00 nonrefundable fee.		
<input type="checkbox"/>	RN License # _____ . Include \$20.00 nonrefundable fee.		
<input type="checkbox"/>	APRN License # _____ . Include \$20.00 nonrefundable fee.		
<input type="checkbox"/>	Public Health Nurse Registration Certificate # _____ . Include \$20.00 nonrefundable fee.		
SIGNATURE		DATE (mm/dd/yyyy)	